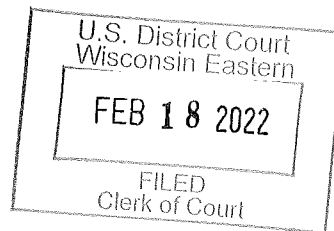


UNITED STATES DISTRICT COURT

for the

Eastern District of Wisconsin

Green Bay Division



Luke C Messer

Case No.

22 C 208

(to be filled in by the Clerk's Office)

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Langlade county child protective services
Antigo police department

Jury Trial: (check one) ☒ Yes ☐ No

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS
(Non-Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Luke C messer		
Address	1601 10th ave trlr F35		
	Antigo	wi	54409
	<i>City</i>	<i>State</i>	<i>Zip Code</i>
County	langlade		
Telephone Number	715-610-3735		
E-Mail Address	lmesser397@gmail.com		

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name	Langelade county child protective services		
Job or Title <i>(if known)</i>			
Address	1225 langlade rd		
	antigo	wi	54409
	<i>City</i>	<i>State</i>	<i>Zip Code</i>
County	langelade		
Telephone Number	715-627-6500		
E-Mail Address <i>(if known)</i>			
	<input type="checkbox"/> Individual capacity <input checked="" type="checkbox"/> Official capacity		

Defendant No. 2

Name	Rylee Bricko		
Job or Title <i>(if known)</i>	CPS worker		
Address	1225 Langlade Rd		
	Antigo	Wi	54409
	<i>City</i>	<i>State</i>	<i>Zip Code</i>
County	Langlade		
Telephone Number	715-219-6044		
E-Mail Address <i>(if known)</i>			
	<input type="checkbox"/> Individual capacity <input checked="" type="checkbox"/> Official capacity		

Defendant No. 3

Name Ann Albrecht

Job or Title *(if known)* CPS worker

Address 1225 Langelade rd

Antigo

Wi

54409

City

State

Zip Code

County Langlade

Telephone Number 715-627-6532

E-Mail Address *(if known)*☐

Individual capacity

☒

Official capacity

Defendant No. 4

Name Levi Berski

Job or Title *(if known)* antigo police officer

Address 840 Cleremont st

Antigo

Wi

54409

City

State

Zip Code

County langlade

Telephone Number 715-627-6411

E-Mail Address *(if known)*☐

Individual capacity

☒

Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against *(check all that apply)*:

☐Federal officials (a *Bivens* claim)☒

State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?
4th Amendment
14th Amendmnt

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

- D. Section 1983 allows defendants to be found liable only when they have acted “under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia.” 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

Each above named defendants acted under color of law while entering my home and removing my children without a court order or warrant on a false allegation after asking them for a court hearing before taking my children, giving my children unnecessary medical exams without my knowledge or permission.

III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. Where did the events giving rise to your claim(s) occur?
1601 10th ave trlr F33 Antigo, WI. 54409
medical exams at Marshfield Clinic in Weston WI

- B. What date and approximate time did the events giving rise to your claim(s) occur?
removed kids on Jan 26th 2021 at approximately 530 pm
Medical exams on Feb 9th 2021 around 130 pm

- C. What are the facts underlying your claim(s)? (For example: *What happened to you? Who did what?*)

Was anyone else involved? Who else saw what happened?

On January 26, 2021, Officer Barski and social worker Riley Brickel along with Jamie Salton came into my home on a false allegation of drug use and removed my children without a warrant or a court order. I told him they're not taking my children until I see a judge and told him to leave my home and they refused to leave and said we don't have to let him look in my cupboards for food and they did a walkthrough and then two deputy sheriffs showed up and also looked through my cupboards and they stated that everything looked fine there appeared to be no drug use. Put the two social workers and Officer Levi Barski still removed my children without my consent or a court order or warrant.

On January 27th, I went to my mother's where my kids were temporarily placed. I was taking a nap on the bed with my baby. An albrich showed up and told me I had to leave. I stated you social workers make a guy want to blow his head off and I loved the police. Later, the police showed up at my home and arrested me and Dan lied in a statement and said I put my fist in her face and threatened to kill her. February 9th, February 9th, 2021, my kids were unnecessarily examined for sexual assault and tested for STD's without my knowledge or permission. I later found out by reviewing their medical records.

IV. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

I'm looking for the CPS case to be closed and my children to be returned immediately and all the back child support starting from January 26 2021 to date to be dismissed and I'm also looking to be awarded \$1,000,000 for the unnecessary examinations for sexual assault and std tests done on kids four children that were under 5 and the trauma they cause me and my children in the past year. it's all unnecessary and over a false report and for violating my constitutional rights. I also would like criminal charges against the above defendants for illegally taking my children in falsifying CPS reports. thank you

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 02/17/2022

Signature of Plaintiff

Printed Name of Plaintiff

Verified by pdfFiller

luke c messer

luke c messer



B. For Attorneys

Date of signing: _____

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

Zip Code

Telephone Number

E-mail Address